

BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>19</i>	<input type="text"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>19</i> minus 20 =	* <i>0</i>
INDEPENDENT CLAIMS	<i>6</i> minus 3 =	* <i>3</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL	<input type="text"/>

RATE	FEE
BASIC FEE	710.00
X\$18=	<input type="text"/>
X80=	<i>240</i>
+270=	<input type="text"/>
TOTAL	<i>950</i>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

RATE	ADDI- TIONAL FEE
X\$18=	<input type="text"/>
X80=	<input type="text"/>
+270=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

RATE	ADDI- TIONAL FEE
X\$18=	<input type="text"/>
X80=	<input type="text"/>
+270=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Ind. pending	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="text"/>
X40=	<input type="text"/>
+135=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

RATE	ADDI- TIONAL FEE
X\$18=	<input type="text"/>
X80=	<input type="text"/>
+270=	<input type="text"/>
TOTAL ADDT. FEE	<input type="text"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.